AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

N. B.-WRITE PLAINLY

V. S. No. 1

TION is very important. See instructions on back of certificate.

CORD. Every item of infor-PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF	MARYLAND—CERTIFICATE OF DEATH	061
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Length of residence In city or town where death occurred O yrs 5 mos 13 ds How long in U.S. if of foreign birth? yrs mos ds.  2. FULL NAME Jack G. Berry  (a) Residence: No. Edgewood Arsenal, Md. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE White OR DIVORCED (princ the word)  S. SINCLE MARKED, WilDOWED, OR DIVORCED (princ the word)  53. If married, widowad, or divorced HUSBAND of (Or) wire of Or)  65. DATE OF BIRTH (month, day, and year) Feb. 15, 1910.  7. AGE Years Months Days If LESS than 23 27 1 day, hrs. or min. which wild down as SPINNER, SAWYER, BOOKKEEPER, etc. S. Months Or will be a set of the second of the data stated above, at — m. The PRINCIPAL CAUSE OF DEATH and related causes of importance was a follows:  28. In married, widowad, or divorced HUSBAND of (Or) wire of the data stated above, at — m. The PRINCIPAL CAUSE OF DEATH and related causes of importance was a follows:  29. Mounty or business in which SAW MILL BANK, atc. 10. Date decased last which SAW MILL BANK, atc. 11. Total time (years) spint in the 2 years of the country) West Virginia (State or country) Was there an autopsy. No Make test confirmed diagnosis? Was there an autopsy. No Make test confirmed diagnosis? Was there an autopsy. No Make test confirmed diagnosis? Was there an autopsy. No Make test confirmed diagnosis? Accident, suicide, or homicide? Accident. Date of injury June 12, 19, 33. Accident, suicide, or homicide? Accident. Date of injury June 12, 19, 33. Accident, suicide, or homicide? Accident. Date of injury June 12, 19, 33. Accident, suicide, or homicide? Accident. Date of injury June 12, 19, 33.	1. PLACE OF DEATH  County Harford			(183)					
Length of residence in city or town where death occurred. O. yrs. 5. mos. 13 ds. How long in U.S. if of foreign birth? yrs. mos. ds.  2. FULL NAME				Registration Dist. No. / 8					
Length of residence in city or town where death occurred . O . yrs. 5 . mos. 13 ds . How long in U.S. if of foreign birth? yrs	Village or City Edgewood Arsenal, Md.						St.,	Ward	
2. FULL NAME Jack G. Berry  (a) Residence: No. Edgewood Arsenal, Md.  (Usus place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  Male  White  S. SINGLE, MARKIED, WIDOWED, OR DIVORCED (grafic the word)  Single  12. 193 3  (Year)  13. MAME  Jack G. Berry  (Just place of abode)  MEDICAL CERTIFICATE OF DEATH  June  (Month)  (Oay)  (Year)  12. 193 3  (Year)  12. 193 3  (Year)  13. I LESS than  14. Standard or divorced (Month)  15. Trade, piotession, or particular  SANYER, BOOKRESE, Fish, MER, Soldier.  3. Trade, piotession, or particular  SANYER, BOOKRESE, Fish, MER, Soldier.  3. Trade, piotession, or particular  SANYER, BOOKRESE, Fish, MER, Soldier.  3. Trade, piotession, or particular  SANYER, BOOKRESE, Fish, MER, Soldier.  3. Trade, piotession, or particular  SANYER, BOOKRESE, Fish, MER, Soldier.  3. Trade, piotession, or particular  SANYER, BOOKRESE, Fish, MER, Soldier.  3. Trade, piotession, or particular  SANYER, BOOKRESE, Fish, MER, Soldier.  3. Trade, piotession, or particular  SANYER, BOOKRESE, Fish, MER, Soldier.  3. Trade, piotession, or particular  SANYER, BOOKRESE, Fish, MER, Soldier.  3. Trade, piotession, or particular  SANYER, BOOKRESE, Fish, MER, Soldier.  3. Trade, piotession, or particular  SANYER, BOOKRESE, Fish, MER, Soldier.  3. Trade, piotession, or particular  SANYER, BOOKRESE, Fish, MER, Soldier.  3. Trade, piotession, or particular  SANYER, BOOKRESE, Fish, MER, Soldier.  3. Trade, piotession, or particular  SANYER, BOOKRESE, Fish, MER, Soldier.  3. Trade, piotession, or particular  SANYER, BOOKRESE, Fish, MER, Soldier.  3. Trade, piotession, or particular  SANYER, BOOKRESE, Fish, MER, Soldier.  3. Trade, piotession, or particular  SANYER, BOOKRESE, Fish, MER, Soldier.  3. Trade, piotession, or particular  SANYER, BOOKRESE, Fish, MER, Soldier.  3. Trade, piotession, or particular  SANYER, BOOKRESE, Fish, MER, Soldier.  3. Trade, piotession, or piotession, or particular  Weath teaching the word  Action the Action to the fish word  I be proved the data stated above,					(If	death occurred in a hospital or insti	lution, give its NAM of foreign birth?	E instead of street a	mos. ds.
(a) Residence: No. Edgewood Arsenal, Md. (Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE White  St. Markied, widowad, or divorced (Month)  White  Sa. III married, widowad, or divorced (Or) Wife of Color of Co							8.		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE White  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (egric the word)  Sold HUSBAND of (or) Wife of White  Sold Fig. 1					l WA	Ct Ward			
3. SEX   4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED. OR DIVORCED Carrie the word)   21. DATE OF DEATH   12   193 3   193 6   193 3   193 6	(a) Ke	sidence: No	Edgewoo	(Usual place	of abode)	St., ward.	If nonresident	t give city or lown	and State
Male White OR DIVORCED (crite the word)  5a. If married, widowad, or divorced HUSBAND of (or) Wife of Or) Wife of	PERS	SONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL	CERTIFICATE	OF DEAT	4
5a. If married, widowad, or divorced HUSBAND of Or Or Wife of Or Wife		4. COLO				21. DATE OF DEATH	June	12 (0av)	
(or) WIFE of  6. DATE OF BIRTH (month, day, and year) Feb. 15, 1910.  7. AGE  Years  Months  23  3  27  If LESS than 1 day. hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Drowning, accidental  Detectorset  Were as follows:  Drowning, accidental  Detectorset  Detectorset  Detectorset  Detectorset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Drowning, accidental  Detectorset  Detectorset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Drowning, accidental  Detectorset  Detectorset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Drowning, accidental  Detectorset  Other Coutributory Causes of importance:  12. BIRTHPLACE (city or town)  (State or country)  West Virginia  13. NAME  Unknown  14. BIRTHPLACE (city or town)  (State or country)  West Virginia  15. MAIDEN NAME  Unknown  16. BIRTHPLACE (city or town)  Unknown  21. Ilast saw h. — Mive on  It as saw h	5a. If married,	widowad, or divo	rcad						
6. DATE OF BIRTH (month, day, and year) Feb. 15, 1910.  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  23 3 27 lday, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Drowning, accidental  Deteofonset  Det			-			22. I HEREB			
7. AGE  Years  Months  23  3  27  If LESS than I day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Drowning, accidental  Date of oneset  To have occurred on the data stated above, at	6 DATE OF RE	RTH (month day	v and year Feb	. 15. 19	10.	I last saw h Tive on	<b>***</b>		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SIK MILL, SAW MILL, SAW MILL, SAW MILL, SAW, atc.  10. Date daceased last worked at this occupation (month and year)			1	A		to have occurred on the data sta	ated above, at	•m.	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL.  SAW MILL, BANK, atc.  10. Date daceased last worked at this occupation month and year)  12. BIRTHPLACE (city or town)  (State or country)  West Virginia  13. NAME  Unknown  14. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  Was there an autopsy? No.  Was there an autopsy? No.  15. MAIDEN NAME  Unknown  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  Unknown  16. BIRTHPLACE (city or town)  Unknown  17. MAIDEN NAME  Unknown  18. MAIDEN NAME  Unknown  19. Macident, suicida, or homicide? Accident Data of Injury June 12, 19. 33		23	3	27			ATH and related caus	ses of importance	
SAWYER BOOKKEFPER, etc., Soldier  9. Industry or business in which work was done, as SILK MILL, SANK, atc., SAW MILL, BANK, atc., 10. Date daceasad last worked at this occupation (month and years) spant in the last occupation occupation last occupation l	Z 8. Trade,	profession, or pa	articular				cidental		Dete of onset
SAW MILL, BANK, atc.  10. Date daceasad last worked at this occupation (month 2nd 1933.  11. Total tima (years) spent in the 21/2 years occupation 22/2 years  12. BIRTHPLACE (city or town) Huntington, (State or country) West Virginia  13. NAME Unknown  14. BIRTHPLACE (city or town) Unknown  (State or country)  15. MAIDEN NAME  17. MAIDEN NAME  18. MAIDEN NAME  19. Date of country No.  What test confirmed diagnosis? Was there an au'opsy? No.  23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicida, or homicide? Accident Data of injury June 12, 19. 33.	SA SA	WYER, BOOKKEE	PER, etc.	Soldie	<b>T</b>				
10. Date daceasad last worked at this occupation (month and years) spant in the last occupation (month and year).  12. BIRTHPLACE (city or town) Huntington, (State or country) West Virginia  13. NAME Unknown  14. BIRTHPLACE (city or town) Unknown  (State or country) What test confirmed diagnosis? Was there an au'opsy? No. (State or country)  15. MAIDEN NAME Unknown  16. BIRTHPLACE (city or town) Unknown  16. BIRTHPLACE (city or town) Unknown  16. BIRTHPLACE (city or town) Unknown  17. Maiden Name Of operation. What test confirmed diagnosis? Was there an au'opsy? No. (State or country)  18. MAIDEN NAME Unknown  19. Maiden Name Of operation. Accident Data of Injury June 12, 19. 33	9. Industr	ry or business in rk was dona, as S w mill bank .	SILK MILL,	U. S. Ar	mv				
12. BIRTHPLACE (city or town)   Huntington, (State or country)   West Virginia	U 10. Date d	laceasad last wor	rked at					*	
12. BIRTHPLACE (city or town) Huntington, (State or country) West Virginia  13. NAME Unknown  14. BIRTHPLACE (city or town) Unknown (State or country) Was there an autopsy? No  15. MAIDEN NAME Unknown  16. BIRTHPLACE (city or town) Unknown Accident, suicida, or homicide? Accident Data of Injury June 12, 19. 33	yea	s occupation mo	12, 1933	Spa GC1	upation 22 year	Other Countributers Course of im-		*************	
13. NAME   Unknown   Name of operation.   Date of   What test confirmed diagnosis?   Was there an autopsy? No	12. BIRTHPLA	CE (city or town)	Hunti	ngton,		Other Couributory Causes of the	iportance.		
14. BIRTHPLACE (city or town)   Unknown   Name of operation.   Date of		or country)	West	Virginia	a		**		
What test confirmed diagnosis? Was there an autopsy? No.  15. MAIDEN NAME  Unknown  16. BIRTHPLACE (city or town)  Unknown  What test confirmed diagnosis? Was there an autopsy? No.  23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicida, or homicide? Accident  Data of Injury June 12, 19.33	13. NAME		Unkn	lown					
What test confirmed diagnosis? Was there an autopsy? No.  15. MAIDEN NAME  Unknown  16. BIRTHPLACE (city or town)  Unknown  What test confirmed diagnosis?  Was there an autopsy? No.  23. If death was due to external causes (VIDLENCE) fill In also the following:  Accident, suicida, or homicide? Accident  Data of Injury June 12, 19.33	A 14. BIRTH		own) Unk	nown		Name of operation		Date	of
15. MAIDEN NAME  Unknown  16. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Unknown  Accident, suicida, or homicide? Accident. Data of Injury June 12, 19 33  Whera did injury occur? Maxwells Point Edgewood Arsen	(31					What test confirmed diagnosis?		Was there	an autopsy?_No-
6 16. BIRTHPLACE (city or town) Unknown Accident, suicida, or homicide? Accident Data of Injury une 16, 19 20 (State or country) Whera did injury occur? Maxwells Point Edgewood Arsen	H 15. MAIDE	N NAME							
Wheta did infinity occur. May Me I I a a I	O 16. BIRTH		own) Unkn	lown					
(State or country)  Whera did injury occur? Maxwells Point Edgewood Arsen (Specify city or town, country and State)  To informant  U. S. Army Records  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	, (31			D		Whera did injury occur?	(Specify city o	r town, county and	State)
17. INFORMANT II. S. Army Records. Specify whether injuly occurred in INDUSTRY, in HDME, of in Public Place.  (Address) Edgewood Arsenal, Md. Public Place								PLAGE.	
18. BURIAL, CREMATION, DR REMOVAL Manner of injury Drawning, accidental	18. BURIAL, CREMATION, DR REMOVAL			Manner of injury Drown					
Place Winchester, Va. Data June 14,19 33 Natura of injury Drowning, accidental	Place Winchester, Va. Data June 14,19 33								
19. UNDERTAKER Avorance I Miclo 24. Was disease or injury In any way related to occupation of deceased? No	19 IINOFRTAK	FR Ofor	wand	112mc	loama	24. Was disease or injury in any	way related to occup	pation of deceased	No
(Address) Abingdon, Md. If so, specify			ngdon, M	d.			(0.72		
20. FILEO Jun /3, 19 3 3 Wred Morlok (Signed) Benjamin T. Sharpton, Major, MO (Address) Edgewood Arsenal, Md.	20. FILEO.	m /3	19. 3.3 Hz	edello	reloke Registrar.	рещ	jamin T. S	harpton, nal, Md.	Major, MO.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy'	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY, WA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
County OT WY P	Registration Dist. No. 18
Village Oldino	No. St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Ouchard M. &	Rowser
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH JANA 1 193 33
HUSBAND of Ellen Q. Bowser	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw how alive on May 15 . 3 Sdeath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	My and and Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at Out. This prequation (month and	
10. Date deceased last worked at 11. Total time (years) Spent in this occupation (month and 1228 occupation occupation	
12. BIRTHPLACE (cinco-town) Darlington (State or country)	Other Contributory Causes of importance:
# 13. NAMP Saiah Bouser	
14. BIRTHPLACE (char town) Unbrown	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Howietta Abutton  16. BIRTHPLACE (***)  (State or country)  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT  (Address) Davington md  18. BURIAL, CREMATJON, OR REMOVAL	Specify Whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
Place Delegune 5, 1933	Manner of Injury
19. UNDERTAKER TO Bailey (Address) Darlington Mange	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 5, 19 5 3 Oberula B. Rug	(Address) M.D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street Baltimore Requesting 91 S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.,

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 06128						
1. PLACE OF DEATH						
County /darfard ATTHIN CORPOBAT: LIE	Registration Dist. No. 1850					
Village or City Ward Le Strace Machine in a horpital or institution, give its NAME instead of street and number)						
Length of rasidanca in city or town where daath occurredyrs,mos.	ds. How long in U.S. if of foraign birth?yrsmosds.					
2. FULL NAME James & Buch	auau.					
(a) Residence: No. / Darrettsvilla m.	d.St., Ward.					
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH					
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH					
Male Negro acigle	(Month) (Day) (Year)					
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREDY CERTIFY, That I attended Treased from					
18118	I last saw h him aliwa on from 6 th 19 33; daath is said					
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, and 3 2 m.					
8 4 1 day,hrs.	The PRUCIPAL CAUSE OF DEATH and related causes of importance ware a follows:					
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Images of					
3. Industry or business in which	L. A. P. ISTIST					
work was done, as SILK MILL, SAW MILL, BANK, atc.	THE VIEW OFFE					
10. Date dacaased last worked at this occupation (month and year) spant in this occupation occupation						
12. BIRTHPLACE (city or town) . Hartood County	Other Contributory Causes of importance:					
(State or country)	En luis Selevis					
13. NAME Edward Buckaum.  14. BIRTHPLACE (city or town) Nachord County.  (State or county)	6/					
14. BIRTHPLACE (city or town) Nachord County	Nama of operation Date of					
(State of Country)	What test confirmed diagnosis? Was thara an autopsy?					
15. MAIDEN NAME UNKNOWN (State or country)	23. If death was dua to external causes (VIOL ENCE) fill in also the following:					
[ 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?					
(State or country)	Where did injury occur?(Specify city or town, county and State)					
17. INFORMANT John DJ. Buchanan	Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.					
18. BURIAL COMPONIOR REMOVAL COLUMN	Manner of injury					
Date Many Date Many	Natura of Injury					
19. UNDERTAKER STUMBLE (Address)	24. Was disease or injury In any way related to occupation of daceased?					
20. FILED June 6, 1933 Charles J. Frley m. S. Registrar.	(Signed) Hameo H Frank M. D. Grade ma					
7/	2411 N. Charlet Street. Baltimore. Requesting V. S. No. 1.					

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Nash Nasa	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CORD. Every item of infor-PHYSICIANS Stated EXACTLY, PHYSICIAN stated Exact statement A PERMANENT BINDING See instructions on back of certificate. FOR IS UNFADING INK-THIS MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may supplied. mation should be carefully TION is very important. -WRITE PL.

ż

should state of OCCUPA-

1. PLACE OF DEATH	ATT LIMITS 67 107-00
County Nawford	Registration Dist. No. 185
Village or City Maure de Grace	No. Klaspital St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Samas (Sure)	U
(a) Residence: No. Level Ma. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 9 9
Male white OR DIVORCED (wing the word)	June 22 1933
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
10 00	, 19, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) \ \frac{1}{2000} \ \frac{1}{2} \	I last saw h; death is sald
7. AGE Yeers Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
/J. J. 21. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER.	LT AD
F	- Sconglual Inlumbrua
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
0 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) spent in this occupation	Φ,
12. BIRTHPLACE (city or town) Harlord	Other Contributory Causes of importance:
(State or country)	
13. NAME Patrick Courses	
13. NAME Patrick Country  14. BIRTHPLACE (city or town) Usknawn	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret Drown.	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Tanknawn	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT W. A. M. Commons.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Have de Grace, rud.	
18. BURIAL, ENGINETION, ON THE MOVE OF A STATE OF A STA	Manner of injury
Place Date July 233, 1933	Nature of injury
19. UNDERTAKER Security Louis	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Hovef de Small MI	If so, specify
20. FILED June 24 10336 Karles & Foliag Tio.	(Signed) M.D.
Registrar.	(Address) RALESTA ALIM
If more blanks are needed address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		8051 9	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	---------	------------	----	-----------

PHYSICIANS should state JRD. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be B.—WRITE PLAINLY, WIT

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	06190
County Harford	Registration Dist. No. 183
Village or City Havre de Brace	No. Nospetal St., Ward death preutred in a hoppidal or institution, give its NAME instead of street and number)
	. 2 How long In U.S. if of foreign birth?
2. FULL NAME Roble Horwood Lo	wles, o
(a) Residence: No. (Usual place of abode)	St., Ward 2 Avales Olio If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCEP (write the gord)	21. DATE OF DEATH 193 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
2 2 1910	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Que. 26-1910, 7. AGE Years   Months   Days   If LESS than	I last saw h alive on, 19; death is said to have occurred on the date stated above, atm,
22 - P 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Move	Mrallured Stall
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) of out meade	Other Countries of Importance.
(State or country) South Wakota	
13. NAME Welland to town 14. BIRTHPLACE (city or town) — Fort Dogs	
14, BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis?
	23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur? Mear abburgare ma-
17. INFORMANT Major D. H. Loules (Address) Collins C. Mil. Mast. D	(Specify city of town, county and State) Specify whether Injury accurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL  Place Live Log 13	Manner of injury Automobile orestural.
H Alto 1	Nature of injury // Manual Rature
19. UNDERTAKER Severe def Succe, rud	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Jane 25, 1833 Charles J. Falsy M. I	(Signed) 10 1/1   Hamburger/Corone In. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WI

		OF MARY	YLAND-	CERTIFICATE	OF DEA		0404
1. PLACE O	FDEATH	11 4/1	TITUE CORP.	TATALINITE IS 4			6191
County	True so	172	an	- Carpoca	Registration	Dist., No. 183	5
Village or C	city Yavulu	xrace.		f death occurred in a hospital or institu	J. NAM	St.,	Ward
Langth of rasi	idanca in city or town where	death occurred	yrsmos	s. 13 ds. How long in U.S. if	of foralgn birth?	yrs	mosds.
2. FULL NA	ME deth 1	Vanda	(rous	ch			
(a) Residen	ice: No 1/5 77/	arket		St., Ward.			
(4)	1007-2	(Usual place o	of abode)	Ot.,maid.	If nonresident	give city or town a	nd State
	IAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL C	ERTIFICATE	OF DEATH	
7. SEX Fernale	4. COLOR OR RACE	S. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH	James	13	. 193 3
5a. If marriad, widow HUSBAND of	vad, or divorced	- July			(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of				22. I HEREB	CERTIF	Y, That I attende	ed deceased from
		11	1933	June!	, 19.38 , to	June!	3 , 19 3 3
	(month, day, and year)	June!	. /	I fast saw h alive on	James!	193	; death Is said
7. AGE Yea	month's	Days	If LESS than  1 day,hrs.	to have occurred on the data state			
		13	ormin.	The PRINCIPAL CAUSE OF DEA	IH and falated cause	as of Importanca	Date of onset
No l rade, profas	ssion, or particular vork dona, es SPINNER, , BOOKKEEPER, etc	-			7		
4 9 Industry or husiness in which		10 mma	curry.				
work was done, as SILK MILL, SAW MILL, BANK, atc							
Date decease this occur	ed last worked at petion (month and	11. Total tin spent	ne (yaars) t in this pation				
12. BIRTHPLACE (city or town). Nave de Lace		Other Contributory Causes of Impo	ortance:				
(State or cour	ty of town)	md.			_ 173	16-	
13. NAME	ruis N. Cr	ourlas		Day	0.0		?
13. NAME 14. BIRTHPLACE	Carlos Car	cit C		Mysica	- or		
(Stata or		Tho		Name of operation		Date of.	
15. MAIDEN NA	ME Vace	bato de	South	What tast confirmed diagnosis?			
15. MAIDEN NA	(city or town)	asheds!	mare	23. If daath wes due to axtarnal can Accident, suicida, or homicida?			
O 16. BIRTHPLACE (city or town) + Allian + Maca			Where did injury occur?	L	Date of injury	, 19	
17. INFORMANT MB G. M. Baldwn			Spacify whethar injury occurred In	(Specify city or I	town, county and St	tate)	
(Addrass)	115 mark	set St	-	openi mena mjary occaried i	ii indostki, iii noi	we, or in Public P	LAUE.
18. BURIAL, CREMAT	ION, OR REMOVAL	//	11 0-	Mannar of injury			
Place	ger ira	Data June	17,1920	Nature of injury			
19. UNDERTAKER (Address)	Haire de	son III	thehels	24. Was disease or injury in any w	rey related to occupa	tion of dacaased?	20
20. FILED Jun	u 141033 Cha	eles J. Fr	ley Mo	(Signad)	Hem	2	M. D.
V	If more	blanks are needed and		(Address) Address N. Charles Street, Baltimore, Re	TI S	· mu	Mark.
	-) 111010	and motorial and	ares orare acegorrar,	2411 14. Charles Street, Dallimore, Ke	questing U.S. No.	I.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF	DEATH	06192

1. PLACE OF DEATH			
County Harford	Registration Dist. No.		
Village or City Edgewood Arsenal, Md.  Length of residence in city or town where deeth occurred 9 yrs. 9 m	No. Station Hospital St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) os. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.		
2. FULL NAME Wesley Denson			
(a) Residence: No. Coudersport, R. F.D. #3,I	2. St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word) Single	21. DATE OF DEATH  June 5 , 193  (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, dey, end year) Unknown 1913	22. I HEREBY CERTIFY. Thet I attended deceased from June 2, 19.33, toJune 5, 19.35, tast saw h.imelive on. June 5, 19.33; death is said		
7. AGE Yeers Months Days If LESS than 1 day, hr or min.  8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc Unknown	to have occurred on the date stated above, et. 4:20pm.		
work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date decesed last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)	Other Coatribotory Causes of importance: Acute gangrenous appendicitis		
13. NAME Unknown	A cast was		
14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Appendectomy with drainge June 2/3  What test confirmed diagnosis? Wes there en eutopsy?		
15. MAIDEN NAME Unknown  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:  Accident, suicide, or homicide?		
2 (State or country)  17. INFORMANT Deceased (Address)	Where did injury occur?		
18. BURIAL, CREMATION, OR REMOVAL Plece Coundersport, Page June 7 19.3	Menner of injury		
19. UNDERTAKER Abingdon, Md. Mcloca.	24. Was disease or Injury in eny wey releted to occupation of deceesed?		
20. FILED Sum 6, 1933 Fredelborlok.	(Signed) Dames M. Miller, M. D. (Address) Major, Medical Corps.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		
The principal cause of death and related causes of importance were as follows:		
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1/ PLACE OF DEATH	46 00133
County Horlow	Registration Dist. No. / 8 4
Village or City	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmag	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME ( Jerna L. Te	ndall
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write tha word)	June 10 193 3
Time The Throng	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of January	22. AI HEREBY CERTIFY, That I attended daceased from
0,1111201	Lebensey 10, 1932, 10 June 10, 1953
6. DATE OF BIRTH (month, day, and year)	I last saw hat alife on June 9, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on tha lata state abova, at / D.C.m.
8 1 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular	Carring
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Stowner & Tive
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) 21	Other Coutributory Causes of Importance:
(State or country)	
13. NAME CT TStart	
13. NAME  14. BIRTHPLACE (city or fown)	Nama of operation
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lyolth Shap	23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or Joyn)	Accident, suicide, or homicida? Data of injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT This Thomas Solvedon	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Show my,	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place North Jany Data Jane 12 , 1983	Nature of injury
19. UNDERTAKER I I I I I I I I I I I I I I I I I I I	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) tank sure (2)	If so, specify
20, FILED Olive 11, 1933 IV- L. J. DIC Vasb	(Signed) Merculu D. Allhurory M. D.
Registrar.	(Address) Caraly, Ma
If more blanks are needed, address State Registrar,	24x 1 N. Charles Street, Baltimore, Requesting U. S. N. s.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. & No. 1.

BINDING

FOR

RESERVED

MARGIN

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Example I  The principal cause of death and related causes of importance were as follows:		Example II		
		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	AUG 3 1003	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	MOS 3 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURRAU V	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06195
1. PLACE OF DEATH	82:0
County Harbord	Registration Dist. No.
Village or City Alesdeen	ND. St. Ward
(If Length of residence In city or town whare death occurred / yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)
1 - m. 5	- Marting in 0.3.11 of foreign birth:yis
2. FULL NAME COMUS Charles Spr	C. W. A.
(a) Residence: Nb. / (Usual place of abode)	St., Ward.  If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (er) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
Description	1947 to July 1953
6. DATE OF BIRTH (month, day, and year) 2/- 1860 7. AGE Yaars Months Days If LESS than	to have occurred on the deta stated above, at 11.00 m.
72 5 - +3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca
8 Trada profession or perticular	Wara as follows: Date of onset 2446.
kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc	2 1 1
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Cerebral Hemonlege 3days
10. Data deceased last worked at this occupation (month and years)  year)  11. Total tima (years) spent in this occupation	
bl-1-10	Other Contributory Causes of Importance:
(State or country)  (State or country)	
13. NAME James L. Fredell	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Maryland	What test confirmed diagnosis? Was there an autopsy? Us
15. MAIDEN NAME Surah Browley	23. If death was due to axtarnal causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Data of injury, 19
2. 0	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MED' WEGGE V. Small	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL B. L. ST.	Manner of injury
Place Churchville & Data June 6, 19.3.2	Natura of injury
19. UNDERTAKER SSENTY Janua Stons	24. Was disease or injury in any way related to occupation of deceased?
(Adress Japandoch mid	If so, specify
20. FILED 6 , 1953 · C · C · Mulliand Registrar.	(Signed) (Address) Leccentilla)
If more blanks are needed, address State Registrar.	2211 N. Charles Street. Baltimore. Requesting D. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
No. of the second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE C	of Mary	YLAND-	CERTIFICATE OF DEATH 06126		
1. PLACE O						
County	Harford			Registration Dist. No. / 💮		
/ Village Dr C	ityMaxwells Poi	nt, Edgew	rood Arsens	death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of resi	idence in city or town where	death occurred		ds. How long in U.S. if of foreign birth? yrs mos ds.		
2. FULL NA	ME Harr	y B. Helse	er, Jr.			
(a) Residen	ce: No. For	t Hoyle, I		St., Ward.  If nonresident give city or town and State		
PERSON	IAL AND STATIST			MEDICAL CERTIFICATE OF DEATH		
3. SEX	4. COLOR OR RACE White	5. SINGLE, MARE OR DIVORCED Sin	(write the word)	21. DATE OF DEATH  June 9 , 193 3 (Year)		
5a. If marriad, widow HUSBAND of (or) WIFE of	ved, or divorced			22. I HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH	(month, day, and year) Au	gust 17.	1906	I last saw h ; death is said		
7. AGE Yaa		Days	If LESS than	to have occurred on the date stated above, atm.		
2	6 9	22	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
9 Industry or work was SAW MIL	ssion, or particular work done, as SPINNER, BOOKKEPER, etc. business in which s done, as SILK MILL, L, BANK, etc. ed last worked at pation (month and 1933.	Soldier  J. S. Arm  11. Total ti spen occu				
12. BIRTHPLACE (cit (State or cour				Dither Coutributory Causes of importanca:  Drowning, accidental.		
13. NAME	Unknown					
13. NAME  14. BIRTHPLACE  (State or	(,	awoa	5,	Nama of operation Data of What test confirmed diagnosis? Was there an autopsy? No		
15. MAIDEN NA	ME Unknown			23. If death was due to external causes (VIDLENCE) fill in also the following:		
	(city or town)Unkn	own		Accident, suicide, or homicide? Accident Data of injury June 91933  Where did injury occur? Maxwells Point, Edgewood Arsenal,		
(Address)	U. S. Army Re Fort Hoyle,			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Public Place.		
18. BURIAL, CREMAT	idn, dr remdval neca Kansas	, Data June	2 12 , 19 33	Manner of injury Drowning accidental.  Nature of injury Drowning accidental.		
19. UNDERTAKER & (Address)	Abingdon, M	mcle-		24. Was diseasa or injury in any way related to occupation of deceased? No		
2D. FILED June	10,1933 Fre	ed cll	orlok Registrar.	(Signed) William H. Christian, Jr. M. D. (Address) Edgewood Arsenal, Maryland.		

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BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.

STATE	OF	MARYLAND-(	CERTIFICATE	OF	DEATH

06197

(93-c)
Registration Dist. No. 181
No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number) yrsmosds. How tong in U.S. if of foreign birth?yrsmosds.
St., Ward.  If nonresident give city or town and State
LARS MEDICAL CERTIFICATE OF DEATH
wibowed, rite the word)  21. DATE OF DEATH  (Month)  (Day)  (Year)
ain 1929, I HEREBY CERTIFY, That I attended deceased from 1973, to some 24, 1933
1844 tlast saw hell alive or fine 20 ,1925; death is said
If LESS than to have occurred on the date stated above, at 0 1.30 f.m.
day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Date of onset 1929
Myoerans
years) this
Other Contributory Causes of Importance:  Fancesof dissolution
encident to age
0
Name of operation Date of
What test confirmed diagnosis?
23. If death was due to external causes (VIOL ENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
24. Was disease or Injury to any way related to occupation of deceased?  If so, specify
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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		GHAIRDEN	
		(A	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

X	tem of infor-	should state	of OCCUPA.	
	N. BWRITE PLAINLY, W. UNFADING INK-THIS IS A PERMANENT INCORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTEV. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
DN	VENT INSC	d / TE	fied. Exac	
R BINDI	A PERMAN	ed EXAC	perly classi	ficate.
MARGIN RESERVED FOR BINDING	THIS IS	uld be stat	nay be pro	TION is very important. See instructions on back of certificate.
IN RESE	DING INK.	. AGE sho	so that it I	uctions on b
MARG	UNFA	lly supplied	plain terms,	. See instru
	AINLY, W	d be carefu	DEATH in	y important
)	WRITE PL	nation shoul	AUSE OF	TON is ver.
V. S. No. 1	N. B.	-	0	)

1/PLACE OF DEATH	210,000
County Harford "ITHIN GORPORATTILIN	Registration Dist. No. 185
Village or City Havre de Grace	No. Kalfrital St. Ward
A	f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How tong in U.S. if of foreign birth?
2. FULL NAME Welliam Mc Law	ghlan 1 al
(a) Residence: No. 428 Nich St	St. Ward Salto Maryland
(Usual place of abode)	If nonresident give cry or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male white Single	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	20 11150507 0507 1507
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
0.1. ( 1920	, 19, to, 19, 19
6. DATE OF BIRTH (month, dey, and yeer)  7. AGE  Years  Months  Deys  If LESS then	I last saw h alive on
G 7 / I day,hrs.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
0 V 1 1 0 1 0 1min.	were es follows:
8. Trada, profassion, or particular kind of work done, es SPINNER, Laberer SAWYER, BOOKKEEPER, etc.	f f
SAWYER, BOOKKEEPER, etc.	Trained Ment
9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc	And Runal
	1 Hamanage
this occupation (month and year) spent in this occupation	Transmer Clamer
t2. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
(Steta or country) Leland	***************************************
13. NAME Patrick Me Laughlin	***************************************
E	No.
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation
W 15. MAIDEN NAME . Kute . The alexe	What test confirmed diagnosis?
= 0,000	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? We suice Date of injury 7 That 19 Where did injury occur?
W:10. and 11.	(Specify city or town, county and State)
(Address) 428 That St. Beller, M.A.	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury struck by tail bound of bruck
Place County Cen. Date June 12 1933	
10 . ~ / / /	Nature of injury Findulished XIKUL
19. UNDERTAKER June J. Sur	24. Wes diseese or injury in any way releted to occupation of deceased?
(Address) Harrefle Grace Md.	If so, specify Anoth Hembred Conserved
20. FILED June 73933 Charles & Jalus 1/2	(Signed) Tollan Iralian M. D.
Régistrar.	(Address) rane de trans

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Example I

Gallstones

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Example II

1 year

The principal cause of death and related causes Date of onset The principal cause of death and related causes Data of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attock of epilensu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 doys ago Other contributory causes of importance: Other contributory causes of importance:

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Gastroenteritis

May 1,1923

STATE OF MARYLAND—	CERTIFICATE OF DEATH U6199
1. PLACE OF DEATH	(72)
County Harlard	Registration Dist. No. 184
Village or City 12 arling los	No. St. Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?mos,ds,
2. FULL NAME donne Coluary	MAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male Of Site OR DIVORCED (write the word)	(Month) (Dey) (Yeer)
5e. If merried, widewed, or divorced HUSBAND of	
Con Mills of Danice a. Muda	22. I HEREBY CERTIFY, Thet I attended deceased from
0/5/1191883	I last saw harm alive on feecel 4 1933; death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Devs  If LESS than	to have occurred on the date stated above, at
50 / 20 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence
8 Trade profession or particular	were as follows: Data of onset
kind of work done, es SPINNER, sawyer, BODKKEEPER, etc.	Tains Lived Lit
Kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date decessed last worked at MILL this occupation (month and month) this occupation (month and month)	Hill T
SAW MILL, BANK, etc	I Probably homisidal.
this occupation (month and 1933 spent in this occupation	Cusa
West Va	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (Stete or country)	
13. NAME Edward mick	
13. NAME Edward Mich	Neme of operation Date of
(State of Country) 47 500	Whet test confirmed diegnosis? Autoful Wes there en eutopsy?
15. MAIDEN NAME Eliza Pickens	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Eliza Pickens  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? homiside. Date of Injury 6, 9 , 19 13
(Stete or country)	Where did Injury occur? Salve Tin Mand State)
17. INFORMANT Janice a. Mick	Specify whether injury occurred in INDOSTRY, In HOME, or In PUBLIC PLACE.
18. DURIAM, CREMATION, OR SEMOVALA	Dough Do To
Place Loudon Park Poto hum 13 19 35	Manner of injury And Translation
Cem Balgmore	Neture of Injury 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
19. UNDERTAKER A. Barling (Address)	24. Was disease or Injury In any way releted to occupation of deceased?
A. a manazid	(Signed) M.E. Salland M.D.
20. FILED 19 /VE VV / Luss Registrar.	(Address) And Line T.
	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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F)	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

TON is very important. See instructions on back of certificate.

	S	TATE O	F MAF	RYLAND-	CERTIFICAT	E OF DEA	ATH 06:	200
J	1. PLACE OF DEAT				(72)			
	County Harford				Registration Dist. No. 180			
	Village or City_Ed	gowood Ars	senal, 1	Id.	No.		St.	
				(If	death occurred in a hospital or of ds. How long in U.	institution, give its NAM	E. instead of street and	number)
			R. Mill			S. If or foreign pirtur	yrs.	10s ds.
4	2. FULL NAME							7444
	(a) Residence: No	Fort Hoy	(Usual place	ryland.	St., Ward.	If nonresident	give city or town and	d State
	PERSONAL AN	D STATISTIC	CAL PART	ICULARS	MEDICA	L CERTIFICATE		
3.		or or race	5. SINGLE, MAI OR DIVORC Ma.	RRIED, WIDOWED, CED (write the word) Tried	21. DATE OF DEAT	June (Month)	14 (Day)	, 193 <b>3</b>
5a. If married, widowed, or divorced HUSBAND of (or) ARKA Mrs. Fred R. Miller			22. I HEREBY CERTIFY, That I attended deceased from					
6.	DATE OF BIRTH (month, day	and year) Oct	t. 10, 1	1892.	I last saw h alive o	, 19, to	, 19	, 19
	AGE Years	Months	Days	If LESS than	to have occurred on the data			, 000111 13 0010
	40	8	4	1 day,hrs.	The PRINCIPAL CAUSE OF wera as follows:	DEATH and related caus	sas of Importance	
LION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Soldier				Poisoning, ca	rbon monoxi	de,	Date of onset
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, U. S. Army SAW MILL, BANK, etc							
00	Date deceased last wor this occupation (mor year)	orked at ald 1933	11. Total	time (years) pant in this pupation 15				
12.	BIRTHPLACE (city or town). (State or country)	Akron, Ohio.			Other Contributory Causes of None	f importance:		
ER	13. NAME	Unknown						
FATHER	14. BIRTHPLACE (city or to (State or country)	Unknow	n		Name of operation			
2	15. MAIDEN NAME	V22527 1125				is?		
MOTHER	16. BIRTHPLACE (city or to	Unknown	m m		23. If death was dua to external causes (VIOL ENCE) fill in also tha following Accident, suicide, or homicida? Accident. Data of injury June.  Where did injury occur? Fort Hoyle, Md.		Data of injury June	14,33
17.		S. Army Re			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Nome			
18.	BURIAL, CREMATION, OR R			e 16 <sub>,19</sub> 33	Manner of injuryPoison Nature of injury Poison	ning. ning, carbon	monoxide,	accidental
		ingdon, Md	d.		24. Was diseasa or injury in a  If so, spacify W=H  (Signed) Wm.	any way related to occup  Churti  H. Christian	ation of deceased?	No Lt.M.G.D.
	0	-	Cons	Registrar.	(Address)Ed go	ewood Arsens	al Md.	

local

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	Example II	
	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	٠ .	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

should state of OCCUPA-

1. PLACE OF DEATH			(183)	
County Harford			Registration Dist. No. 183	
Village or CityShare Langth of residence In city or town where do			No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds	
2. FULL NAME William (a) Residence: No. Forest			St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RIED, W100WED,  O (write the word)	21. DATE OF DEATH  21. DATE OF DEATH  (Month) (Oav) (Year)	
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of	·杂·杂·杂·杂·茶·茶		22. I HEREBY CERTIFY, That I attended decassad from	
6. DATE OF BIRTH (month, day, and yaar) Mar. 7. AGE Years Months 10 3	0ays 10	1923 If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	
8. Frade, profassion, or particular kind of work done, as SPINNER, SC SAWYER, BOOKKEEPER, etc  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Oate deceased last workad at this occupation (month and year)	11. Total ti spa occu	ime (yaars) ntin this upation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) FOREST (State or country) Harfor	d Co.	Md		
(State or country) Harfor	Air, Md		Neme of operation 22022 Oata of What test confirmed diagnosis? Was there an autopsy?	
15. MAIOEN NAME Hazel I. Thompson  16. BIRTHPLACE (city or town) Indiana (State or country)  17. INFORMANT John W. Monks			23. If death was due to axternal causas (VIOLENCE) fill in also the following:  Accident, suicida, or homicida?  Whara did injury occur?  (Specify city or town, county and State)  Spacify whather injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.	
(Addrass) Forest Hil 18. BURIAL, CREMATION, OR REMOVAL Centre, Cem, Forest		July 3, 33	Manner of Injury Downsond .  Nature of injury	
19. UNOERTAKER E.G. Kuttz & (Address) Jarrettsvill 20. FILEDJUNE 30 1933 how	e, Md,	Brown Registrar.	24. Was disease or injury in any way related to occupation of dacaased? 220  If so, spacify  (Signed)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	1	Exam	pie II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death of importance were as follow		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	17.	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	a call a	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
	13.		LAGRE.	
		ित्र		
Other contributory causes of importance:		Other contributory causes of	importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

Exact statement of OCCUPA-ORD. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLAINLY, WI

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 06202
County Harford	(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
	Registration Dist. No. / 9 /
Village or City March de Franc M. F. &	MD. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
V 1/17	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Minnie H. Neidle	ein
(a) Residence: No. Swen Cick. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Married	21. DATE OF DEATH June 23 ,1933
5a. It married, widowed, or divorced	(Month) (Dey) (Yeer)
(or) WIFE of John A. Meidlein	22. I HEREBY CERTIFY. That I attended dacesed from
6. DATE OF BERTH (month, day, and year) June 30 - 1862	Itest sew har alive on Jack 22, 1933; deeth is said
7. AGE Years Montus Days If LESS then	to have occurred on the date stated above, st 4132 m.
70 11 2-3 1day,hrs	The PRINCIPAL CAUSE OF DEATH and releted causes of importence wera es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, atc.  11. Total time (yeers)	Arterio (delevosos)
work wes done, as SILK MILL, SAW MILL, BANK, atc.	Afghartensian,
11. Total time (yeers)	( Champleone
O 1D. Date deceased last worked at this occupation (month and 1933).  11. Total time (yeers) spent in this 40 me occupation.	9
B. M.	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town) Manual Manual (Stata or country)	
	Cardiac lance
13. NAME Fred Sardiner  14. BIRTHPLACE (city or town)	Name of operation Dete ot
(Stele or country)	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Unbrown	23. If death was dua to externel ceuses (VIDL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Steta or country) a Larmany	Where did Injury occur?
17. INFORMANT Ma John A. Meidlein (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL. CREMATION, DR REMOVAL	Name of lates
Place Engel Bell Country Date June 25 1933	Mennar of injury
19. UNDERTAKER Genry Janning Stons	24. Was disease or injury in any way releted to occupation of deceesed?
20, FILED June 73, 1933 Of Allychad	(Signed) Shares of John M. D. (Address) Same and Jane
1	2212 N Charles Street Beltimore Penuesting 71 S No .

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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#### Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

PHYSICIANS should state

stated EXACTLY. be properly classified.

AGE should be

supplied.

mation should be carefully

-WRITE PLAINLY

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

LION is very important.

OCCUPA.

of

Exact statement

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(183)
County Harford	Registration Dist. No.
Village Dr City Edgewood Arsenal, Md.  (If the state of t	No. St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Ernest Palmer	
	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  Male  4. COLOR OR RACE  White  S. SINGLE, MARRIED, WIDOWED, OR DIVERCED (acrite the word)	21. DATE OF DEATH  June 12 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I altended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 5, 1904.	I last saw h elive on , 19 , to , 19 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Soldier  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation months and year)  11. Total time (years) spant in this procupation occupation occupation occupation.	Drowning, accidental.
12. BIRTHPLACE (cily or town) Naples (Slate or country) Italy.	Dither Contributory Causes of Importance:  Drowning, accidental
법 13. NAME Unknown	
H 13. NAME Unknown  14. BIRTHPLACE (city or town) Unknown (Slete or country)	Name of operation
15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  Unknown  16. BIRTHPLACE (city or town)  (State or country)  17. INFDRMANT  (Address)  U. S. Army Records,  (Address)  Edgewood Arsenal, Md.	Accident, suicide, or homicide? Accident. Date of Injury June 12 1933  Where did Injury occuMaxwells. Point, EdgewoodArsenal, Mo (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.  Public place.
18. BURIAL, CREMATION, DR REMOVAL Plece Philadelphia, Pagete June 15, 19 33	Manner of Injury Accidental drowning.  Nature of Injury Drowning, accidental
19. UNDERTAKER Abingdon, Md.  20. FILED June 14, 193? Heed Abarlok	24. Wes disease or injury In any way related to occupation of deceased? No.  If so, specify  (Signed) James M. Miller, Major, M.C. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	2 11
Gallstones	May 1,1923	Gastroenteritis	1 year
ę e			

V. PHYSICIANS should state Exact statement of OCCUPA-CORD. Every item of infor-IS A PERMANENT RY stated EXACTLY. properly classified. BINDING TION is very important. See instructions on back of certificate. UNFADING INK-THIS be AGE should be CAUSE OF DEATH in plain terms, so that it may supplied. mation should be carefully B.—WRITE PLAINLY, WI

FOR

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 0629
1. PLACE OF DEATH	940
County Harford	Registration Dist. No. / 8 2
Village or City Bellu mel	No. St., War- If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 30_yrs,mo	
2. FULL NAME ( Xelecca, adasa.	Price
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE OF DIVORCED (wire the word)	21. DATE OF DEATH  (Mighth) (Par) (Year)
ie. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY That I attended decesed from
5. DATE OF BIRTH (month, day, and year) Ret1-1866	I last saw hele elive on Terret 1/ 19 7 Edeeth is sa
AGE Yeers Months Deys If LESS than	to heve occurred on the date stated pove, et #A m.
66 9 4 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8 Trade protection or particular	Date of onse
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	angung Televis
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.  Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  11. Total time (yeers)	
this occupation (month end spent in this occupation occupation	
	Dther Coutributory Causes of importence:
2. BIRTHPLACE (city or town) (State or country)	
13. NAME Jessie Rice	
13. NAME essie Gree  14. BIRTHPLACE (cry or town)	Name of operation.
(Stete or country)	Name of operation Dete of What test confirmed diagnosis?
15. MAIDEN NAME SQ Kells	23. If deeth wes due to externat causes (VIOL ENCE) fill In elso the following:
15. MAIDEN NAME SCA Relly  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
7. INFORMANT Thomas KPrice	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Belan ma	V
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Rock Run Date June 7, 1933	Neture of injury
9. UNDERTAKER Dean Hostu	24. Was disease or injury in any way related to occupation of deceased? . 746
(Address) Belan ma	If so, specify
20, FILE Prine 6, 1933 n & Richardson	(Signed) F. T. Sacodyleast M.
Registrar.	(Address) Largery ton
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago 1921 Run over by street car 1 week ago Chronic interstitial nephritis Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Man 1.1923 Gastroenteritis 1 year

-WRITE PLAINLY, W. UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. MARGIN RESERVED FOR BINDING -WRITE PLAINLY, W. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Farford	Registration Dist. No. 183
Village or City Rocks	No. St. V
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME David Vernay	Steller
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wing the word)	21. DATE OF DEATH
t. If merried, widowed, or divorced	(Month) (Day) (Year
HUSBAND of Cory WIFE of Tarrier Graffor Hallow	22.   HEREBY CERTIFY, That I attended deceased
and the same of th	7 am 1 1933, to June 24, 197
DATE OF BIRTH (month, day, and year) Que 30,1853	I last saw hame alive on
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
/7 7 27 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of c
8. Trade, profession, or perticular kind of work done, as SPINNER, January	
SAWYER, BOOKKEEPER, etc.	Glandiget Ortoriallana
work was done, es SILK MILL, SAW MILL, BANK, etc.	De Marie (Called marke) 742.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and 93) this occupation (continued)	is stored 1/5
2. BIRTHPLACE (city or town) wasford com	Other Contributory Causes of importance:
(State or country)	
13. NAME John Vernay Stiller	
14. BINTHPLACE (city or town) Rolls	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Toulace Watt	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Rocks worford es	Accident, suicide, or homicide? Date of injury, 19_
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT allen St Clair (Address) Rocks mad	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
B. BURIAL, CREMATION, OF REMOVAL	Manner of Injury
Place De Mary Darger 26 Do	Nature of Injury
9 UNDERTAKER Stury Don (Address) Landbloville Mo	24. Was disease or injury in any way related to occupation of deceased?
O FILED UNE GG 1933 Thomas P. Brown	(Signed) Willard J. Kulson

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II,	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		Gavia	
Other contributory causes of importance:	- 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 116207
1. PLACE OF DEATH	
County HARFORD	Registration Dist. No. 182
Village or CityBEL_AIR, MD	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SBN 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Sa. If married, widowed, or divorced P. P. O. C.	21. DATE OF DEATH  JUNE 3-33 , 193 (Month) (Day) (Year)
HUSBAND of John Schultz	22. I HEREBY CERTIFY, That I attended decessed from 19 27, to JUNE 2-3319
6. DATE OF BIRTH (month, day, and year) Fully 25-1905	I last saw h. 9.7 alive on JUNE 2-33, 19 ; death is said
7. AGE Years Months 2 Deys 1 LESS than 1 day,	to have occurred on the date stated above, at 8 A _m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	CHRONIC MYOCARDITIS(DEXTRO CARDIA)  INTERSTICIAL NEPHRITIS
No National Control of the Control o	PURULANT BRONCHITIS )  NON TUBERCULAR.
12. BIRTHPLACE (city or town) Below (State or country)	Other Contributory Causes of importance:
13. NAME	
13. NAME  14. BIRTHPLACE (cryor town)  (State or country)	Name of operation Date of
7	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Securella Seff  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT John Schultz (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OF TEMOVAL Benefit Date 1933	Manner of injury
19. UNDERTAKER Dea Hothing (Address) Below Mid	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20 FILED June 4, 1983 Virginia Chambers Registrar.	(Signed furnill to Support M. D. (Address) Pollin, Pollin,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as greeery store, soap factory, cotton mill, etc.

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Exemple I	ii.	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstition of phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		davias al al	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-B.—WRITE PLAINLY, WIT.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH	06209
						0000

1. PLACE OF DEATH					(82)			
	County	Harford				Registration	Dist. No. /	70
		ity Edgewood Ar		(1)	No. death occurred in a hospital or inc. Tas. How long in U.S.	stitution, give its NAM	E instead of street a	nd number)
2	. FULL NA	Dieles	d A. Stor					
		ce: No. Edgewoo	d Arsena]		St., Ward.	If nonresident	give city or town	and State
african	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL	CERTIFICATE	OF DEATH	1
3. 5	Male	4. COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	June	12 (Day)	, 193 <b>3</b> (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divorced			22. I HEREE	BY CERTIF	Y, That I etten	
6. 1	DATE OF BIRTH	month, day, and year) Se	pt. 18, 1	.907.	I last saw h. = → elive on		, 19	; deeth is said
	AGE ' - Yea	rs Months	Days 24	If LESS than I day,hrs. or min.	to have occurred on the date s The PRINCIPAL CAUSE OF Di were as follows:			Date of onset
TION	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.  9. Mustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation month and year)  12. BIRTHPLACE (city or town)  (State or country)  8. Trade, profession, or particular side of particular kind of work done, as SILK MILL, U. S. Army  11. Total time (years) spant in this occupation 5  12. BIRTHPLACE (city or town)  (State or country)  Pennsylvania				Drowning, a	ccidental		Date of onset
					Other Contributory Causes of land			
ER	13. NAME	Unkno						
FATH	14. BIRTHPLACE (State or	(city or town) Unkno			Name of operation			37
MOTHER	(State or	(city or town) Unkn country)	lown		23. If death was due to external Accident, suicide, or homloide?  Where did Injury occur? M9.  Specify whether Injury occurre	causes (VIOLENCE) fi accidental xwells Poir	II in also the follow Date of injury Ju	od Arsena
	(Address) BURIAL, CREMAT	U. S. Arm Edgewood ION, DR REMDVAL YNES DO TO, Pa	Arsenal	Md.		blic Place ing, accide	ental	PLACE.
	UNDERTAKER of (Address)  FILED June	Abingdon, N	Mela.	Zok Registrar.	24. Was disease or injury in an If so, specify		ation of deceased?	Tree

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	34	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06203
1. PLACE OF DEATH	BATA LIMITE O' 92-0
County Hareford	Registration Dist. No. 185
Village or City House de Grace	No. St., Ward
/ (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred mos,	ds. How long in U.S. if of foreign birth?ds.
2. FULL NAME / CREE D. Jay	<i></i>
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3SEX 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	June 2/- 193 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
2 1/2 /2/	mmon 23, 1032, to fund 25, 1983
6. DATE OF BIRTH (month, day, and year) New 2 1-18/3	I last saw h. alive on 1933; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
(20   -   23 ,   ormin.	were as follows:  Date of onset
8. Trede, profession, or perticular kind of work done, es SPINNER, However, BOOKKEPER, etc.	Ef And Me I
9/Industry or business in which	Construct many
work wes done, as SILK MILL, SAW MILL, BANK, etc	Jagu enla
11. Total time (years)	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Lead County.	0
(State or country)	Ex Laushit
13. NAME Lunga W. Jaylow.	
4. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Line 2. Was there en eulopsy? 24
15. MAIDEN NAME Liggie &. Geninson	23. If death wes due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MCO.W. B. Estaduela.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Parlal Tier kud,	
Place astrony Come Date frue 2 x 19 \$ 3,	Nature of injury
Q ( · JA- V)	Tin
19. UNDERTAKER (Address) James Co, rud	24. Was disease or injury in any way releted to geopation of deceased?
Vice 21 22 follow les Que 20	(Signed) TD bleive, M.D.
20. FILED LENG 7, 1955 CAUCE Registrar.	(Address) Have D. Grander
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days aga
AUN AU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING certificate. CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. N. B.-WRITE PLAINLY, WE TION is very important.

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	06210
County Starford	Registration Dist. No. 185
	No. Saysular St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs, mos.	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Clara Warfield	<u></u>
(a) Residence: No. Severy such Mrs. (Yual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5e. If married, widowed, or divorced	(Month) (Day) (Year)
WIFE of Charles Warfield	March 17 th, 1933, to June 2/12, 1983
6. DATE OF BIRTH (month, day, and yeer) Delc, 13-1908	liest sew h.e.A. elive on June 2/ st. 1933; death is said
7. AGE Yeers Months Days If LESS then I deyhrs.	to have occurred on the dete stated above, at 4.30 P.m.
24 6 8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causos of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Julmonary Tuberculosis
Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Q
10. Date deceased last worked at fam.  11. Total time (years) spant in this 4 273 yeer)  12. Total time (years) spant in this 4 2735	
12. BIRTHPLACE (city or town) Pennyman (Stete or country)	Other Contributary Causea of Importence:
13. NAME Williams  14. BIRTHPLACE (dity or town)  (State or country)	
- (costs of county)	Neme of operation Date of What test confirmed diagnosis? X Ray Substitute West there an autopsy?
15. MAIDEN NAME Mary Carly	23. if deeth was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Carey  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Mr. JASKua Williams (Address) Riveyman His	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Union M. E. Carrety Date June 2 4 , 1933	Manner of injury
19. UNDERTAKER Serry Tarring Jorg (Address) allengen mod	24. Was disease or injury in any way related to occupation of deceased? ?
20. FILED June 23 1633 Charles J. Fally, M.S Registrar.	(Signed) (Address) Harre De Grace Maryland
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	Į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING RESERVED MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-OCCUPA. 1. PLACE OF DEATH jo plnods County \_\_\_\_ Registration Dist. No. item Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) S How long In U.S. it of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_\_ds. statement PHYSICIAN 2. FULL NAME CORD. (a) Residence: No. (Usuafplace of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT Jarres (Month) classified. 5e, If married, widowed, or divorced HUSBAND of E 6. DATE OF BIRTH (month, day, end year) certificate. 7. AGE Months It LESS then to have occurred on the dete stated above et 1 dey,\_\_\_\_hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. 8. Trade, protession, or perticular kind of work done, es SPINNER, OCCUPATION THIS Jo SAWYER, BOOKKEEPER, etc .... may back 9 Industry or business in which pluods work was done, as SILK MILL, SAW MILL, BANK, etc .... 10. Date deceased last worked at Greet 1f. Totel time (years) this occupation (month and that spent in this occupation .... instructions UNFADING Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied. mede terms. FATHER 13. NAME f4. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis? U.K. MOTHER important. 15. MAIOEN NAME in OF DEATH f6, BIRTHPLACE (city or town) -WRITE PLAINLY (State or country) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE plnods 17. INFORMANT rery (Address) f8. BURIAL, CREMATION, OR REMOVAL Manner of injury AUSE ation LION Neture of Injury 19. UNDERTAKER arring 5 (Address) If so, specify (Signed) Registrar. (Address) \_

ff nonresident give city or town and State (Day) (Year) CERTIFY. That I attended deceased from Oate ot onset Wes there an eutopsy?. (Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
TOO !	or furth	ER STATEMENTS BY PHYSICIAN	

STATE OF MARYLAND—	CERTIFICATE OF DEATH U6212
1. PLACE OF DEATH	9:3
County Narford MITHIN CRETORAL	Registration Dist. No. 185
Village or City A youre de Strace	Have betale St. Ward
Langth of residence in city or town where death occurredyrsmos	f death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
1/	lear i
2. FULL NAME Negret Wessell	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
Male W. Wicknain	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	224. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Wednewn	May 25 19 33 to June 2 19 33
6. DATE OF BIRTH (month, day, and year) Us known	Hast saw h was alive on wall 24 19 3 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 12:30 m.
mky, Thekunun 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	Oate of onset
SAWYER, BOOKKEEPER, etc.	provic // yocardilia
9 Industry or business in which work was dona, as SILK MILL, Unknown SAW MILL, BANK, etc	J
Q TQ. Data dacaased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation occupation	01-01-01-01-01-01-01-01-01-01-01-01-01-0
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) New York	1 Interior Actorosis
13. NAME Chekregon	Gradat Godano
4 14. BIRTHPLACE (city or town) Rumdery	Nama of oparation Date of
(State of country)	What tast confirmed diagnosis? Was there an autopsy? Mar
E 15. MAIDEN NAME Chaquer	23. If death was due to external causes (VIOLENCE) fill in also the following:
[State or country]	Accidant, sulcide, or homicida?
January Diagrams II I To the	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sauce de Siace Rd.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Cal dawn empale time 3, 1933	Nature of injury
19. UNDERTAKER TO THE COOK	24. Was diseasa or Injury in any way related to occupation of decaased?
(Addrass) Valtinoce, nd	If so, specify
20 FILED Repe 2 1933 Cafacles & Toley M. L	(Signad) A. Lowars M. D.
Registrar.	(Address) 5.63 Green St. Harry & Grace Md.
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			<u> </u>